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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/006,316
	Filing Date	December 4, 2001
	First Named Inventor	Rash, Clarence E.
	Group Art Unit	2873
	Examiner Name	
	Attorney Docket Number	482.0002

I hereby revoke all previous powers of attorney or authorization of agent given in the above-identified application:

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Elizabeth Arwine		
Signature	<i>Elizabeth Arwine</i>		
Date	2 December 2003	Telephone	301 619-7808

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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